"Express Mail" mailing label number EL544993516US

PTO/SB/01 (6-95)
Approved for use through: 10/31/98 OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Attament Dealest 0.2200.0000

Type a plus sign (+) inside this b	xox →		Patent and Trademark	Office; U.S. DE	PARTMENT C	F COM	MERC				
0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Atto Nun	rney Docket nber	C 2290 CO	GG						
DECLARA	TION FOR	First	First Named BONAKDAR, Mehdi nventor								
UTILITY O	R DESIGN		COMPLETE IF KNOWN								
PATENT AP	PLICATION	App	lication Number								
		Filin	g Date								
Declaration O	R Declaration Submitted after	Gro	up Art Unit								
with Initial Filing	Initial Filing	Exa	miner Name								
the specification of which	PRODUCTION OF ST	ght on the i	nvention entitled:	d joint inventor (if	plural names are	listed bel					
X is attached hereto											
OR was filed on (MM/DD/YYY	·		and United St	ates Application N	box on DOT (a)		.				
Was filled on (MMVDD/111	")		as Onlined Str	ates Application N	uniber of PC1 In	terriationa	*				
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, \$ 1.56.											
I hereby claim foreign priority benefits under Title 36, United States Code § 116(a)-(d) or \$550(b) of any foreign applications, y											
Prior Foreign Application Number(s)	Country		gn Filing Date W/DDYYYYY	Pnority Not Claimed	Certified Copy YES	Attached? NO					
100 38 456.0	DE	08/07/2	000		Х						
					<u> </u>	\vdash					
				H	Н	H					
_											
Additional foreign applicated in hereby claim the benefit under	ion numbers are listed on a sur r Title 35. United States Code				tion(e) listed hal	low					
Application Number(s)	Filing Date (MM/DD/YY	• ''	rany Onned States pro	Additional provi							
				application num	bers						
				are listed on a supplemental p	riority						
sheet attached hereto.											

Butden Hour Statement: This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this from should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THES ADDRESS. SEND 17. Assistant Commissioner for Patents, Washington, DC 2023.

Type a plus sign (+) inside t	this t	XOX
-------------------------------	--------	-----

C 2290 COGG

	ı	DECLA	RATIO	N							Page 2		
designating the prior United St duty to disclos	e United St tates or PC e informati	under Title 35, t ates of America, T international a on which is mate application and t	listed below : pplication in t rial to patents	and, in: he man ability a	sofar as ti mer provi s defined	he subject ided by the I in Title 3	ct matter ne first pa 37, Code	ofea ragra of Fe	ch of the claims ph of Title 35, U derat Regulation	of this ap nited Sta	oplication is r tes Code §11	ot disclosed i	in the
U.S. Par	ent App Number			Pare Imbe				rent Filing Date MM/DD/YYYY)			Parent Patent Number (if applicable)		
Addition	nal U.S. or	PCT internations	application	numbe	rs are list	led on a s	suppleme	ntal ;	priority sheet atta	ached he	reto.		
As a named in Trademark Off	ventor, I he fice connec	reby appoint the ted therewith:	following atto	rney(s)	and/or a	gent(s) t	o prosecu	rte th	is application an	d to trans	sact all busin	ess in the Pal	ent and
Firm No	ame							$\overline{}$	Customer «	bel			
OR OR	-	and/or agent(s)	name and n	naietra	fion num	nhar hale	mer	_			<u> </u>		_
		Name	Tidine did i	Re	egistratio Number				· · · · · · · · ·	Name		Registrat	
Number N													
Additio	nal attorn	ey(s) and/or ag	ent(s) name	d on a	supplem	nental si	heet atta	ched	hereto.				
Please direct corresponder)	Custom Number		label		23657 OR X Fill in corresponder address below					ience	
Name	Aaro	n R. Ettelma	n										
Address	+												
City							Sta	ate	1			ZIP	
Country					ephone		10-278			Fa		610-278-6	548
belief are beli like so made willful false si	leved to be are punish tatements	statements ma true; and furth nable by fine or may jeopardize	er that these imprisonment the validity	e state nt, or l	ments w both, und	vere mad der Sect	de with th tion 1001	hekm lof7	nowledge that w Fitle 18 of the U	villful fals	se statemen	ts and the	h
Name of S	Sole or F	irst Invento	r:						A petition	has beer	n filed for th	is unsigned	
Given Name	Mehdi				Middle Initial		Family Name Bonakdar				Suffix e.g. Jr.		
Inventor's Signature										Date			
Residence: City	Lar	ngenfeld		S	State		Cou	ountry Germany			Citizenship	German	у
Post Office A	ddress	Zum Braeuh	aus 28										
Post Office A	ddress												
City 407	64 Lange	nfeld	State		Zip		Cou	ntry	Germany		Applicant Authority		
X Add	ditional in	ventors are b	eing name	d on s	supplen	nental s	sheet(s)	atta	ached hereto				

Type a plus	ssign (+) ir	side this box								-	C 2290	cogo	
DECLARATION								ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of	Addition	al Joint Inven	tor, if an	у:	1		petition	has been fi	led for	this unsig	ned inv	entor	
Given Name	Gerhard						Family Name			Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence:	dence: Hilden			St	State Co			/ Germany	Citizenship	Germ	any		
Post Office	Address	Koeiner Stras	sse 87										
Post Office	Address												
City 44	0723 Hilde	n	State		Zip		Country	Germany		Applicant Authority			
Name of	Addition	al Joint Inven	tor, if an	y:		□ A	petition	has been fi	led for	this unsig	ned in	entor/	
Given Name	Bernh	ard		Mid			Family Name	Gutsche			Suffix e.g. Jr.		
Inventor's Signature									Date			•	
Residence:	Hi	lden		St	ate		Country	Germany		Citizenship	Germ	any	
Post Office	Address	Kalstert 96											
Post Office	Address												
City 4	0724 Hilde	n	State		Zip		Country	/ Germany		Applicant Authority			
Name of	Addition	al Joint Inven	tor, if an	y:			petition	has been fi	led for	this unsig	ned in	entor	
Given Name	Joerg			Mic	idle al		Family Name	Schwarze	r		Suffix e.g. Jr.		
Inventor's Signature						•			Date				
Residence:	Hi	lden		Si	State Co		Country	ountry Germany		Citizenship Germany		any	
Post Office	Address	Kunibertstras	sse 13				•	•		•			
Post Office	Address												
City 4	0723 Hilde	n n	State		Zip		Country	/ Germany		Applicant Authority			
Name of	Addition	al Joint Inven	tor, if an	y:	Т	A	petition	has been fi	led for	this unsig	ned in	entor	
Given Name				Mic			Family Name				Suffix e.g. Jr.		
Inventor's Signature								l	Date	1		<u> </u>	
Residence: City	'			S	ate		Country	<i>'</i>	I	Citizenship	T		
Post Office	Address									1			
Post Office	Address	t											
City		1	State	Γ	Zip		Country	/		Applicant			
	dditional is	nventors are be	ina nome	nd on e	L	nental at	l cot(n) of	toohod horote		Authority			